

## MEDICAL FIRST RESPONDER OPERATIONAL PLAN COMPONENTS

The following information **must be compiled and submitted** in similar outline format with a completed EMS Provider Application and Operational Plan form. Written approval of this plan by the State EMS Office is mandatory prior to implementation.

<b>PROGRAM COMPONENTS</b>
<b>I. Demographics</b>
A. Provide a general description of the population and community characteristics of the primary service area. HFS 113
<b>II. Operations (staffing, response, protocols, policies and procedures)</b>
A. Provide a description of how the provider will use Medical First Responders and/or EMTs (all levels) in the system. (Describe staffing, call schedule, call response, etc.) HFS 113.04 and HFS 110.08
B. Describe how the provider uses Medical First Responders to assure that prompt and efficient emergency (9-1-1) response is available to the primary service area covered by the provider.
C. Submit a roster of personnel to be utilized. (If new service, submit license applications for all Medical First Responder personnel.) HFS 113.04
D. Provide copies of all personnel operating policies, procedures and guidelines.
E. Describe the relationship between this service and other emergency medical and public safety services in the geographical area.
F. Describe how this service will integrate with the local, county or regional disaster preparedness plans.
G. Provide copies of written mutual aid and backup agreements with ambulance services in the area.
H. Provide evidence of local commitment to this emergency medical service program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies and authorities.
I. Identify the regional trauma advisory council (RTAC) that the service has chosen for membership.
J. Submit protocols (approved and signed by the medical director) that identify use of: <ul style="list-style-type: none"> <li>Specific medications allowed within the scope of practice for Medical First Responders</li> <li>Specific equipment allowed within the scope of practice for Medical First Responders</li> <li>Skills and procedures</li> </ul> <i>(Protocols must describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.)</i> HFS 113.04(3)(d)
<b>III. Infection Control</b>
<i>Federal bloodborne and airborne guidelines can be referenced in 29CFR1910.1030 and 29CFR1910.134, respectively. Occupational health and safety guidelines for public employers are included in Wisconsin Administrative Code Comm 30 and Comm 32.</i>
A. Provide a statement indicating that your service has an infection control plan and policies.
B. Provide a statement indicating that your service has a Bloodborne and Airborne Exposure Control Plan and provides annual training on that plan in accordance with applicable state and federal guidelines.
C. Describe your service's post-exposure procedures.

D. Describe your service's review and use of safety engineered devices.	
E. Identify date that your Exposure Control Plan was last reviewed and updated.	
F. Identify date of last training on your service's Exposure Control Plan.	
<b>IV. Communications/Dispatch</b>	
A. Provide a description of the communication system between medical control and the EMS unit.	
B. Describe how calls are dispatched and answered.	HFS 113.04(2)(g)
C. Describe the local dispatch policies and procedures or insert a copy of these policies.	HFS 113.04(2)(g)
D. Describe who does the dispatching.	HFS 113.04
E. Are dispatchers medically trained?	
F. Do dispatchers provide pre-arrival instructions?	
<b>V. Education and Training/Competency</b>	
A. Describe the methods by which continuing education and continuing competency of personnel will be assured. (Provide type of education and/or testing, frequency, instructor, etc.)	
B. Describe continuing education required by the provider.	
C. Identify the certified EMS training center(s) that are used by this service to provide Medical First Responder training.	HFS 113.04
<b>VI. Quality Assurance</b> (Training program and formal run review to improve future performance.)	
A. Describe the providers' quality assurance and improvement plan, including copies of policies and procedures to be used in the medical control, implementation and evaluation of the service.	HFS 113.04
<b>VII. Data Collection</b>	
A. Describe the method of data collection being used by the provider.	
B. Provide a statement that agrees to submit data to the Department when requested.	HFS 113.04(3)(d)